

2004 HUMAN BEHAVIOR COURSE BLOCK THREE EXAM CHALLENGES

13 QUESTIONS CHALLENGED

85 TOTAL CHALLENGES (A HUMAN BEHAVIOR COURSE RECORD!)

3 CHANGES TO THE ANSWER KEY

Question 1.

Question and Answer Key Answer.

1. On which diagnostic axis of the DSM-IV does the clinician record culture-based psychiatric syndromes?
 - A. Axis II
 - B. Axis III
 - C. Axis IV
 - D. Axis V
 - E. **XX** There is no specific axis for culture based syndromes

Challenges.

1. There are two different ways to challenge this one. First: Are there actually "culture based syndromes?" I would argue that these in fact don't exist, as the fact that they are "culture based" would go against the very definition of a syndrome. A syndrome would need to be outside the norm. By saying a "syndrome" is culture based, we are saying it is within the norm of that culture. Therefore, at least in that culture it is not a syndrome at all. It would only be a "syndrome" when viewed from a different culture. However, it still wouldn't technically be a syndrome even then because the patient, being from another culture, is outside of the population for which that other perspective can define a "syndrome." According to this view, all answers would be given credit as the question would be flawed to begin with, as "culture based syndromes" are nonexistent. Second: Axis IV ties in the social factors influencing the patient. The culture the patient is in would certainly tie in to social factors. Therefore, I would argue that cultural influences could be placed on Axis IV, especially with the broad meaning of the word culture. There are cultures within cultures, which ultimately equates to the social influences the patient is under. Under this perspective, (C) would be given credit.
2. If the definition of a syndrome is a set of symptoms, and in psychiatry symptoms are defined by distress or impairment, then a syndrome is more than just a benign cultural difference. Problem involving the social context of a patient are recorded on Axis IV. C should also be correct.
3. Table 3-2 on p. 65 specifically lists "difficulty with acculturation" and "discrimination" (next to "problems related to the environment" as an example of what should be recorded on Axis IV. If a pt has a syndrome, he must be having some difficulty, not just a cultural idiosyncrasy. C should be given credit.
4. Cohen p. 65 lists "acculturation" on Axis IV.

Dr. Engel Response. Correct answer is E. There is no specific axis for culture-bound syndromes. Axis I is for diagnosing clinical syndromes. Axis II is for personality disorders and mental retardation. Axis III is for medical conditions. Axis IV is for stressors, not syndromes. Axis V is for functional status assessment, not syndromes. "Problem with acculturation" describes the stress associated with transitioning from one culture to another and is not a syndrome.

Question 10.

Question and Answer Key Answer.

Which of the following psychoactive medications is specifically effective for anorexia nervosa?

- A. Selective serotonin reuptake inhibitors
- B. Tricyclic antidepressants
- C. Benzodiazepines
- D. Bupropion
- E. **XX** None of the above

Challenges.

1. I believe that answer choice A, SSRI's, is the correct answer. In the book on p.331 and 337 SSRI's are the only medication mentioned in use with anorexic patients, and it states that they are helpful in reducing obsessions and depression in anorexic patients.
2. SSRIs are used for Anorexia, while choices B D aren't. I thought this question was testing our understanding that mainly just SSRIs have been shown to help in Anorexia as opposed to SSRIs (choice A), TCA's (choice B), Benzodiazepines (choice C), Bupropion (choice D), being effective in Bulimia. Therefore, I chose (A). I didn't think this question was trying to mince words and test us on our general knowledge of SSRI's. Everybody knows that SSRIs are used for other conditions too. Therefore, I think (A) should be given credit as well as (E).
3. I believe answer (A) should also be considered a correct choice. P331 of Cohen states the following: "Pharmacologically, SSRIs cause an increase in central serotonin. In anorexia, they can help decrease obsessional behaviors and depression, although they have little effect on weight gain." Since one of the underlying problems in anorexia is an obsession with thinness and self control, this certainly suggests that SSRIs are beneficial in the treatment of the illness.
4. I chose A. as the correct answer because in the reading (p. 331 text) it states that SSRI's increase serotonin, and in anorexia can help decrease obsessional behaviors and depression, though they have little effect on weight gain. I remembered reading that SSRI's were a common drug prescribed for eating disorders, both anorexia and bulimia, though not always in the acute stages of the disease.
5. I think answer A can also be a correct answer because in the book it notes that anorexia is "associated with lower CNS serotonin activity" and that "SSRI's cause an increase in central serotonin... that can help decrease obsessional behaviors and depression". The question asks which medication is effective in treating anorexia. And I think a medication that treats the behavioral problems and the depression found with anorexia is effective.
6. "In anorexia, the (SSRIs) can help decrease obsessional behaviors and depression, although they have little effect on weight gain." P.331, Cohen. Given this, SSRIs(A) is a better choice than the other drugs listed, & because it is an effective Rx, it is a better choice than (E).
7. The notes and the book state that SSRIs can be used to treat Anorexia Nervosa. While they may not directly effect weight gain in AN, they do have an effect on controlling the obsessive drive for thinness seen in these patients. SSRIs therefore are effective in treating the psychological aspect of the disorder. Credit should be given for A and E.

8. SSRI's increase serotonin levels in the brain, and these increased levels of serotonin reduce the obsessive behaviors and depression associated with anorexia nervosa (p.331 of the text). The wording of this question is very confusing.
9. I think the answer to this question is hinging on the words specifically effective. The book does state (Cohen: pg 336, 2nd column 1st par.) "While no medication is specifically effective in treating the dieting behavior itself..." it goes on to say that (3rd par) "In contrast, in patients who have achieved significant weight restoration, antidepressants may be useful not only in treating comorbid psychiatric syndromes but also in addressing the behavioral disorder itself. One study in which recently discharged patients were prescribed the SSRI fluoxetine at 40 mg per day found that patients who received this agent were less likely than patients who received placebo to be depressed and were better able to maintain their discharge weight and avoid rehospitalizations." The best answer based on our readings, in my opinion, was A: SSRIs.

Dr. Engel Response. Correct answer is E. There is no medication that is effective for anorexia nervosa per se. SSRIs are sometimes used for coexisting conditions, but they are not effective for reducing dieting or increasing weight in anorexic patients.

Question 11.

Question and Answer Key Answer.

Effective treatments for chronic post-traumatic stress disorder (PTSD) include

- A. Thioridazine
- B. Propranolol
- C. Diazepam
- D. **XX** Sertraline
- E. Lithium

Challenges.

1. I chose E. Lithium as the answer because in the text, it states (p. 279) "Due to the 'kindling' hypothesis, lithium and carbamazepine have been prescribed for veterans [with PTSD]. They do appear to help with anger outbursts, but not with other symptoms of PTSD". Also, I couldn't find sertraline anywhere – it was not in the notes, not in the list of definitions to know for the Rxns. to Stress & Trauma section, and it was not anywhere in the text readings as a treatment for PTSD???
2. p. 279 lists propranolol as similar to TCAs and MAOIs in being "useful in treating mood and anxiety symptoms, hypervigilance, and re-experiencing phenomena." The question does not ask which drug is first-line, so the fact that propranolol does not address all of the symptoms of PTSD does not disqualify it from the statement "Effective treatments for chronic PTSD INCLUDE" B should be given credit also

Dr. Engel Response. Correct answer is B, C, D or E. The "real right answer for boards study" is D, but I'll allow all answers except choice A. Sertraline and paroxetine, SSRIs, are the only FDA approved drugs for PTSD. The only drugs with controlled trial evidence of efficacy are these two SSRIs and prazosin, a centrally acting sympatholytic agent previously used for hypertension. Unfortunately neither Cohen nor Dr. Osuch's slides are clear on the preceding points, mentioning all of the choices in question 11 except for thioridazine (Mellaril), a conventional antipsychotic. All of these agents, however, are "agents commonly used" even though supporting scientific evidence is lacking.

Question 12.

Question and Answer Key Answer.

A pediatrician wants to start a medication in a 9-year-old boy who presents with inattentiveness, impulsivity, hyperactivity, aggressiveness, both at home and at school. He notes during the exam that the boy frequently blinks and clears his throat. The following issue(s) should be considered:

- A. Stimulant medications may exacerbate a tic disorder
- B. Reports have been made concerning a risk of sudden death with tricyclic antidepressants (TCAs) in children
- C. Clonidine is an effective treatment for Tourette's disorder
- D. The precise mechanism of action of stimulants for inattentiveness and hyperactivity in children is unknown
- E. **XX** All of the above

Challenges.

1. The reason I believed E. was not the correct answer is because I felt that D. was not true. The precise mechanism of action of stimulants in ADHD IS EXPLAINED in detail in the text. See p. 498. "The dopamine system appears to play an important role in mediating the regional dysfunction [of ADHD]".goes on to explain in greater detail the relation of the dopamine system with ADHD, and then on p.500 there are listed the stimulants used in ADHD treatment for several pages, with their level of activity and mechanism in most cases. Also, I did not know whether answer A. was correct, and I could not find the answer either in the notes or in the text.

Dr. Engel Response. Correct answer is E. Choice A is supported in Cohen on page 501, column one: "Some patients experience motor tics, and preexisting tics (e.g., in patients with Tourette's disorder) can be exacerbated." Why a stimulant, typically an agent that creates psychomotor agitation, would reduce hyperactivity rather than increase it is not clearly understood, and a mechanism is not offered in Cohen.

Question 20.

Question and Answer Key Answer.

Which of the following is characteristic of ALL pervasive developmental disorders (PDDs)

- A. Occur more often in girls than boys
- B. Significant delays in cognitive development
- C. Psychostimulant medications (e.g., methylphenidate) are specifically effective
- D. **XX** Deficits in reciprocal social interaction
- E. None of the above

Challenges.

1. You capitalized ALL, and that is usually a dead giveaway because there are very few absolutes in life especially on human behavior exams. Pg. 490, 2nd column last paragraph says, "...but three primary types of deficits may be present: deficits in reciprocal social interaction, deficits in communication, and deficits exemplified by the presence of stereotyped behavior, interest, and activities." This is far from saying that they are present in all PDDs. I think E, none of the above, is the best answer.

Dr. Engel Response. Correct answer is D. The PDDs are autistic disorder, childhood disintegrative disorder, Rett's disorder, and Asperger's disorder. All of the PDDs except Rett's are more common in boys than girls. Children with Asperger's disorder do not manifest delayed cognitive development. Stimulants are not effective for any of the PDDs. Consistent across all the PDDs, however, are deficits in social interaction, a fact that can be ascertained by reading about each of the PDDs individually in Cohen.

Question 21.

Question and Answer Key Answer.

Which of the following is true about anorexia nervosa?

- A. **XX** Most affected individuals have engaged in excessive exercise
- B. Binging and purging is not present
- C. Weight is often normal
- D. Men are affected more often than women
- E. None of the above

Challenges.

1. While choice "A" is correct, as most individuals affected with anorexia nervosa have engaged in excessive exercise, I believe that choice "B" is also correct. Answer choice "B" is worded badly and it was made to appear that the "binging and purging" is the "binging and purging" cycle that is seen in bulimia, and clearly not present in anorexia. It should have been worded as "binging OR purging" to avoid the confusion?

Dr. Engel Response. Correct answer is A. Binging and purging – binging or purging – either way it occurs frequently in anorexia nervosa. For more information, see column two page 320.

Question 23.

Question and Answer Key Answer.

Somatization disorder occurs

- A. Much more often in men
- B. A little more often in men
- C. As often in men as in women
- D. More often in women
- E. **XX** Much more often in women

Challenges.

1. The answer could also be "D. More often in women" because Somatization disorders are more often in women. A distinction cannot be made between answers "D" and "E" because the term "much more" is too general and not defined in the answer. Does "much more" mean >10 times more, >100 times more, or > 1000 times more? Without having an exact number or percentage to quantify "much", both "D" and "E" could potentially be correct answers.
2. The qualifications of more often and much more often were never quantitatively explained, therefore D. more often in women should be accepted as well, as it is true.

3. I couldn't find the quantitative definition of much more anywhere. You defined uncommon < 1%, common 1-5%, and very common > 5%, but much more was never defined. I chose D, more often in women; if you think about it, more includes much more, so D is true regardless of the definition of much more.
4. I think that credit should be given for all answers for this question due to the confusing nature of the question and the lack of information with regards to the question in our textbook. First I think that the distinction between more and much more was not clear. This made it confusing as to which one we should choose. I got the impression from the reading that it was more common in women but did not think that we would be asked if it was more common or much more common unless we were given criteria as to what much more meant. Therefore I tried to remember back to the actual statistics in the book. The only thing I could remember were the vague statistics on page 381 about first degree relatives of people with somatization disorder and that of those relatives females were more likely to have the disorder. This is hardly enough to go on to answer the question, but after looking back through the chapter that is all there is with regards to gender and somatization disorder. Given that there was not any explicit commentary on gender in the book and the fact that we would not be able to distinguish between more and much more without criteria (such as is given with the incidence percentages) I choose C.
5. Since it's impossible to accurately quantitate superlatives, credit should be given for D and E.
6. It is clear from the text that somatization occurs more often in women. However, there is no place where one can find any percentage rates or if it is common, or very common. There is also no place where I can find the distinction between much & much, much. What percentage would that fall in? Both D & E should get credit
7. What is the actual definition of much more often in women. How much more is much more than more often. This is totally subjective (what percentage does it take for something to be much more prevalent vs. just more prevalent in a certain population). I think the key learning point was that somatization disorder occurs more often than men. Whether it occurs much more often is a matter of semantics, subjective opinion and of arbitrary percentages allocated to the word much.
8. I think both D and E should be accepted because I cannot find where it says that it is much more often and not just more often, plus I personally think that much more often is more often.
9. For question 23, somatization d/o is definitely more common in women. However, asking students to define how much w/ subjective words as "more" or "much more" seems absurd. My definition of "more" is probably different than yours. Hence, I think this question should receive credit for both answers D and E
10. The textbook talks extensively about how this condition was originally known as hysteria, a sexist term used because it was thought to only occur in women. This changed over time, however, as it was found to also occur in men, e.g. when Sydenham noted that the clinical presentation of hysteria in women and men was nearly identical. So it went through name changes to make it more gender neutral. The reason it seemed to occur more often in women than in men was not clear, but the book states many theories such as the fact that women may be more likely to assume the "sick role", or that perhaps men and women present differently because of "varying cultural expectations." So by reading the text, it seems that perhaps somatization disorder occurs as often in men as in women (EXAM CHOICE C), but that frequency does not necessarily correlate with how often it is diagnosed.
11. From the readings I remembered that somatization disorders occurred more often in women, but it also stated that it DID occur in men. But all that I read was that it

“typically” occurs in women” and that the name was changed from “hysteria” when it was realized that men also developed the disorder. P. 493. Therefore, I found it impossible to tell whether it was more often seen in women, or much more often. And it was also difficult to distinguish between “more often” and “much more often”. Therefore, I feel that D. should also be considered an acceptable response.

12. The answer choices “more common in women” vs. “much more common in women” is very ambiguous. There is no way to quantify what this means objectively. I don’t see how credit couldn’t be given for either answer.

Dr. Engel Response. Correct answer is D or E. Cohen notes that about 2% of women have somatization disorder, but mysteriously fails to mention that somatization disorder occurs in ~0.1% of men. It is therefore 10-20 times more common in men than women. I’m culpable too – I thought I had mentioned this in my lecture slides, but I didn’t. So, please be aware of the right answer (E), but I’ll allow D or E as correct responses.

Question 25.

Question and Answer Key Answer.

SGT Job is a 25-year-old Native American who returned home two months ago from military operations in Iraq. He has experienced significant marital problems related to the transition home. He avoids seeking mental health care, however, because normally families living on the reservation where he grew up sought counsel with a tribal religious healer. In this context SGT Job’s reluctance to seek care is best thought of as a

- A. Cultural precipitating factor
- B. Biological predisposing factor
- C. Psychological perpetuating factor
- D. **XX** Cultural perpetuating factor
- E. Cultural predisposing factor

Challenges.

1. This soldier’s belief not to seek mental health care was instilled in him as a child growing up on the reservation. It was present long before the precipitating events (the war and his marital problems) ever took place. Therefore, by definition it is a cultural predisposing factor. Since these cultural beliefs continued after the precipitating events, they could also be considered a perpetuating factor, but credit for both answers should be given.
2. I believe the correct answer is “E”, cultural predisposing factor, because the patient grew up with belief of seeking counsel from a tribal healer. Since this belief predates his marital problems, his reluctance to seek care could be interpreted as a predisposing factor. The noteset in Block I defined as predisposing factor as “historical and constitutional vulnerabilities that were characteristic of the patient prior to the latest clinically relevant event or illness.”
3. For question #25 answer “E. Cultural predisposing factor” is also correct. According to the notes for block 1 predisposing factors are “historical and constitutional vulnerabilities that were characteristic of the patient prior to the latest clinically relevant event or illness.” Since the patient grew up believing that the tribal religious healer was the health consultant he was predisposed to not seek health care from doctors even before having marital/mental problems.

Dr. Engel Response. Correct answer is D. In this question, the individual is having marital problems. We are not told what predisposed him to having marital problems.

However, we ARE told that he already has marital problems, and therefore the impact of failing to seek care is to perpetuate the marital problems. This reluctance to seek care is culturally determined.

Question 26.

Question and Answer Key Answer.

The medical workup of suspected autistic disorder includes which of the following tests?

- A. **XX** Screening for Fragile X
- B. EKG
- C. Hair analysis for trace elements
- D. Allergy testing, particularly for food allergies
- E. Intestinal permeability studies

Challenges.

1. It seemed that there was more than one correct answer for this problem. While screening for Fragile X would be a good idea in some cases, it might just as easily be a good idea to do some intestinal permeability studies and determine if there is a malnutrition problem or vitamin deficiency due to malabsorption. Also, and EKG would be helpful if trying to determine the difference between autism and one of the trisomies, if there was uncertainty, as trisomy often is associated with cardiac abnormalities. So, couldn't A., B., and E. all be valid possibilities?

Dr. Engel Response. Correct answer is A. Please see Cohen page 493 column two for the medical workup of suspected autism.

Question 30.

Question and Answer Key Answer.

The personality disorder with the greatest prevalence in the clinical population (i.e., among patients) is

- A. Paranoid personality disorder
- B. Narcissistic personality disorder
- C. **XX** Borderline personality disorder
- D. Antisocial personality disorder
- E. Histrionic personality disorder

Challenges.

1. To get the right answer, you would have had to read ahead. The syllabus said that we would only be tested on the material in pgs. 285 302 and the answer is on pg.306 7. Also, during the review Dr. Engel said that we only needed to know which disorders were cluster A, B or C. We didn't have to know the details about the B or C disorders. The question should be thrown out.
2. For question #30 the answer "B. Narcissistic personality disorder" is also correct. According to page 499 slide 9 of the notes Narcissistic personality disorder has a prevalence rate of 30 in the clinical population while Borderline only has a prevalence rate of 20. Thus, according to the notes Narcissistic personality disorders have the greatest prevalence in the clinical population.
3. According to the personality disorder lecture, slide 9, Narcissistic PR=30 while borderline PR=20. Because the slide below it refers to borderline percentage being higher students should get credit for B & C. (What is the real answer anyway?)

4. In order to know the answer to this question, you would have to read past Cluster A, which was supposed to be the only cluster tested (except for recognizing names in their clusters). The answer is not listed in the book during the intro section (it is on p. 307 under borderline personality disorder). The only Cluster A answer was paranoid PDO, which was listed as wrong, and the syllabus p. 499/slide 9 suggests that narcissistic PDO is more overrepresented than is borderline, yet this is also a wrong answer. I suggest that the question be thrown out, since it did not measure our understanding of Cluster A personalities, but measure whether we happened to look at the right old exam. Thank you for your consideration.
5. There are two reasons to challenge this question. The first reason is lecture slide 9, page 499. I showed this to my small group leader, and she said that her experience tells her that borderline is the most common, however, she would have chosen Narcissistic based on the slide. I chose B: Narcissistic. The other reason is admittedly not as strong as the first, nonetheless I do believe it to be legitimate. You said during the review that we would only need to know details for Cluster A personality disorders. As far as Cluster B and C, you said we should know which category the disorders are in. So based on the first part of my challenge B and C should be correct, and based on the second everyone should get credit.
6. Question 30 was beyond the testing material. The class was specifically told that Cluster B and C personality disorders were not going to be tested. The class was instructed in the HB review to know only as much as which personality disorders were in which clusters and to know a brief explanation of each.

Dr. Engel Response. Correct answer is A. The question asks for the “greatest prevalence in a clinical population”. The answer is found on slide 10 on page 499 in the block three syllabus. From this slide it can be seen that the prevalence of borderline personality disorder in the clinical population is about a third. The prevalence of narcissistic personality disorder is much lower at about 6% (an eyeball estimate based on the slide). The prevalence ratios found on slide 9 do not address the question. The prevalence ratio in narcissistic personality disorder is high because the disorder is actually relatively rare in the general population (PR is the ratio of the prevalence in clinical population to the prevalence in the general population).

Question 34.

Question and Answer Key Answer.

All of the following personality disorders are categorized in the “odd or eccentric” cluster of DSM-IV personality disorders EXCEPT

- A. Schizoid personality disorder
- B. Schizotypal personality disorder
- C. Paranoid personality disorder
- D. **XX** All of the above
- E. None of the above

Challenges. 21 separate challenges lambasted this question every which way!!

Dr. Engel Response. Correct answer is A, B, C, D, E. This is one screwed up question gang! Sorry about that. Everyone gets credit.

Question 38.

Question and Answer Key Answer.

Which personality disorder has significant phenomenological overlap with (i.e., similar symptoms to) the negative symptoms of schizophrenia?

- A. Schizotypal personality disorder
- B. **XX** Schizoid personality disorder
- C. Schizophreniform personality disorder
- D. Paranoid personality disorder
- E. None of the above

Challenges.

1. In Cohen on page 301, it says: schizotypal personality disorder is likely a schizophrenia spectrum disorder....these individuals have the typical biological markers of schizophrenia, including increased cerebral ventricular size, eye movement abnormalities, and deficits in executive functioning. The book also states genetic links between schizotypal and schizophrenia, but not with schizoid and schizophrenia. Also, schizotypal has a 10-20% prevalence of schizophrenia, which schizoid does not have.
2. Since schizotypal disorder is a spectrum of schizophrenia, and it contains the biological markers of schizophrenia, it therefore shares negative and positive symptoms of schizophrenia, since it is in fact a part of schizophrenia. Therefore both schizotypal and schizoid should be accepted for 38.

Dr. Engel Response. Correct answer is B. Please see Cohen page 302 column one under 'Etiology': "The condition (schizoid personality disorder) resembles the negative symptoms of schizophrenia in the absence of positive symptoms." It is not clearly stated, but one way of thinking of schizotypal personality disorder is a disorder that overlaps with the positive symptoms of schizophrenia, while schizoid personality disorder overlaps with the negative symptoms of schizophrenia.

Question 39.

Question and Answer Key Answer.

Which of the following disorders is characterized by feigned physical illness?

- A. Somatization disorder
- B. Pain disorder with psychological features
- C. **XX** Factitious disorder
- D. Body dysmorphic disorder
- E. None of the above

Challenges.

1. p 388 reads, "patients with factitious disorder and malingering intentionally feign or exaggerate illness." Furthermore, p. 389 paragraph 1 reads "Like the malingerer, the patient with factitious disorder is felt to be deliberately feigning signs or symptoms of disease." C should be the right answer according to these statements.

Dr. Engel Response. Correct answer is C. The original correct answer was C, the challenger seems to agree, and so the answer remains C.